## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

1082/673

| CLAIMS AS FILED - PART I  |   |   |                                       |                                   |                  |                  |          | SMALL ENTITY       |                        |                | OTHER THAN          |                        |  |
|---|---|---|---------------------------------------|-----------------------------------|------------------|------------------|----------|--------------------|------------------------|----------------|---------------------|------------------------|--|
| T-7   | OTAL CLAIMS   |   | (Column 1)                            |                                   | (Column 2)       |                  | 1        | TYPE               |                        | OR             | SMALL               | SMALL ENTITY           |  |
| TOTAL CLAIMS  |   |   | 40                                    |                                   |                  |                  |          | RATE               | FEE                    | ]              | RATE                | FEE                    |  |
| FC  | OR  |   | NUMBER FILED                          |                                   | NUMBER EXTRA     |                  |          | BASIC FEE          | 385.00                 | OR             | BASIC FEE           | 770.00                 |  |
| TC  | TAL CHARGE  | ABLE CLAIMS                               | YU mir                                | nus 20=                           | * Ze             |                  |          | X\$ 9=             |                        | OR             | X\$18=              | 360                    |  |
|   | DEPENDENT C   | <del></del>                               |                                       | inus 3 =                          |                  |                  |          | X43=               |                        | OR             | X86=                |                        |  |
| ML  | JLTIPLE DEPE  | NDENT CLAIM P                             | RESENT                                |                                   |                  |                  |          | +145=              |                        | OR             | +290=               |                        |  |
| * If  | the difference  | in column 1 is                            | less than zero, enter "0" in column 2 |                                   |                  | column 2         |          | TOTAL              |                        | OR             | TOTAL               | 1130                   |  |
|   | C   | LAIMS AS A                                |                                       |                                   | (0.1             |                  | SMALL    | ENITITY            | OR                     | OTHER<br>SMALL | ·                   |                        |  |
| _   |   | (Column 1)                                |                                       | (Colun                            |                  | (Column 3)       | 3) r     | SMALL              |                        | 10 n           | SWALL               |                        |  |
| <b>AMENDMENT A</b>  |   | REMAINING<br>AFTER<br>AMENDMENT           |                                       | NUME<br>PREVIO<br>PAID F          | USLY             | PRESENT<br>EXTRA |          | RATE               | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *   | Minus                                 | **                                |                  | =                |          | X\$ 9=             |                        | OR             | X\$18=              |                        |  |
|   | Independent   | *   | Minus ***                             |                                   | CL AINA          | =                |          | X43=               |                        | OR             | X86=                |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |   |                                       |                                   |                  |                  |          | +145=              |                        | OR             | +290=               |                        |  |
| ,   |   |   |                                       |                                   |                  |                  | L,       | TOTAL<br>DDIT, FEE |                        | OR             | TOTAL<br>ADDIT. FEE |                        |  |
| (Column 1) (Column 2) (Column 3)  |   |   |                                       |                                   |                  |                  |          |                    |                        |                |                     |                        |  |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHE<br>NUME<br>PREVIO<br>PAID F | BER<br>USLY      | PRESENT<br>EXTRA |          | RATE               | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *   | Minus                                 | **                                |                  | =                |          | X\$ 9=             |                        | OR             | X\$18=              |                        |  |
| ME  | Independent   | *   | Minus                                 | ***                               |                  | =                | <b> </b> | X43=               |                        |                | X86=                |                        |  |
| ۷   | FIRST PRESE   | NTATION OF MU                             | ILTIPLE DEP                           | TIPLE DEPENDENT CLAIM             |                  |                  | <b>]</b> | 7,40-              | -                      | OR             | 7.00-               |                        |  |
|   |   |   |                                       |                                   |                  |                  |          | +145=              |                        | OR             | +290=               |                        |  |
|   |   |   |                                       |                                   |                  |                  |          | TOTAL<br>DDIT. FEE |                        | OR ,           | TOTAL<br>ADDIT. FEE |                        |  |
| (Column 1) (Column 2) (Column 3)  |   |   |                                       |                                   |                  |                  |          |                    |                        |                |                     |                        |  |
| AMENDMENT C   | •   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHE<br>NUMB<br>PREVIO<br>PAID F | ST<br>ER<br>USLY | PRESENT<br>EXTRA |          | RATE               | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *   | Minus                                 | **                                |                  | = .              |          | X\$ 9=             |                        | OR             | X\$18=              |                        |  |
|   | Independent   |   | Minus                                 | ***                               |                  | =                |          | X43=               |                        | <u></u>        | X86=                |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                       |                                   |                  |                  |          |                    | OR                     |                |                     |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |   |                                       |                                   |                  |                  |          |                    | <del></del>            | OR             | +290=               | <u> </u>               |  |
| ***   | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  *** TOTAL ADDIT. FEE  *** ADDIT. FEE  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                                       |                                   |                  |                  |          |                    |                        |                |                     |                        |  |